

AUTHORIZATION TO RELEASE OF INFORMATION

I authorize the State of Montana, Department of Labor, to release to:

**USDA-Rural Development
State Director
PO Box 850
Bozeman, MT 59771**

Information from my wages or unemployment insurance records on file with the State of Montana, Department of Labor. I understand that this authorization will be in effect for as long as I have a Rural Development loan and/or application, am a tenant residing in the project named below, and/or the term of assistance received from USDA, Rural Development.

Name (Please Type or Print)

Social Security Number

Signature

Date

Project Name

Apt. Number